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Navy and Marine Corps Medical News
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Stories:
MN010801. Military researchers working to lower rate of combat deaths
By Sgt. 1st Class Kathleen T. Rhem, American Forces Press Service

WASHINGTON, Feb. 21, 2001 -- Ninety percent of people who die in war die before they reach a medical facility, and military researchers are working to lower that number.

"We have to look at where people die - they don't die in hospitals, with rare exceptions for very serious injuries. The major cause of death from combat injury is bleeding to death," said Dr. Howard Champion. "You've got a limited window of opportunity to treat people who bleed to death, and that tends to be on the battlefield."

Champion is a professor of military and emergency medicine and the senior advisor in trauma to the Uniformed Services University of Health Sciences in Bethesda, Md.

"We're looking for something to use on the battlefield that will make a difference," Dr. Jeannine Majde-Cottrell said. Majde-Cottrell is the program officer for casualty care and management with the Office of

Naval Research in Arlington, Va.

She said nearly 50 percent of combat casualties die from bleeding, and most of them die between five and 30 minutes after injury. Both experts were speaking to a group of military healthcare professionals attending the 2001 TRICARE Conference here Jan 21-25.

If researchers can develop products to treat these patients, they can cut down these numbers. But combat imposes practical limitations on what medics can use, Majde-Cottrell said.

"They have to be stable. They have to be small and very lightweight so they can be transported by an individual. They have to be useable by a minimally trained individual in extremely difficult conditions," she said. "Also, we're often trying to deliver a treatment to a heavily clothedindividual in the dark."

In December, the Food and Drug Administration approved a new hemostatic dressing that works to reduce blood loss. Navy and civilian researchers developed a bandage impregnated with algal polysaccharide, which constricts blood vessels in the wound and traps red blood cells. "It promotes clot formation," Majde-Cottrell said.

Navy researchers are also working on a hand-held ultrasound cautery device. "This will allow us to deal with some internal injuries," she said. "We hope to be able to use ultrasound first to detect a bleed by a Doppler imaging system and then focus ultrasound in such a way that we can cauterize that bleed without having to (surgically) open the patient."

Champion said limitations of the modern battlefield make the situation even more complicated. Troops in Vietnam had an advanced system of field hospitals and great evacuation capabilities. The U.S. military wouldn't necessarily have that infrastructure today. He noted one of the American service members killed in Mogadishu, Somalia, in 1993 bled to death over 2 1/2 hours from a groin wound.

"He would not have died if he had received the same injury in Washington, D.C.," Champion said. "We can not get people out of these settings as fast as we could in Vietnam, so we've got to rely more and more on point-of-wounding care. There are things we should arm our combat medical teams with to stop people from bleeding to death."

Lack of experience in dealing with major traumas will also limit military doctors' effectiveness in future conflicts. Champion explained that in previous conflicts medical professionals had a steep learning curve in effectively treating combat casualties.

During World War II, for instance, the 2nd Auxiliary Surgical Group serving in Italy was able to reduce their mortality rate for chest and abdominal surgeries 33 percent over the two years they operated there.

When they set up shop in 1943, 36.7 percent of patients undergoing thistype of surgery died. By 1945, that number had dropped to 24 percent.

"They operated on 22,000 combat injuries over a period of 2 1/2 years,"Champion said "There is no way we're going to find anybody on this planet with that type of experience now. We need to really do something about institutionalizing the legacy of things learned."

He told the group the United States wouldn't tolerate such a learning curve today. "They've got to do it right the first time, because CNN is over there -- and they are going to get increasingly critical," Champion said.

And this isn't just a military problem. "Injury is the most significant public health challenge in the 21st century," Champion said. Motor vehicle injuries cause 1.5 million deaths a year, so civilian

researchers are working on these issues for their emergency medical technicians as well. "We have to use some advances in civilian care to care for military casualties," Champion said.
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MN010802. NNMC offers on-site TRICARE assistance
By JOSN Rebecca Whitney, National Naval Medical Center

Patients in the National Capital region searching for answers to their TRICARE healthcare concerns or questions now have a place to go - the National Naval Medical Center. The TRICARE Service Center (TSC) walk-in-only office in the Customer Service Center is now open Monday through Friday from 7:30 a.m. 4:30 p.m. The TSC was opened to help enhance beneficiaries' access to TRICARE.

One of Sierra Military Health Services' main concerns before the office opened was that a patient may have filled out an enrollment package incorrectly and mailed it to the Sierra office in Philadelphia without realizing they made an error. Now they can go into the TSC and have someone check the enrollment forms to ensure everything is filled out correctly.
The customer service representative's can also assist in filling out the forms and mailing them off for the patients.

Alice Miller, TSC manager for NNMC, and Pearl Sweetwine, TSC ombudsman/ Customer Service representative, offer their expertise to help solve many different patient concerns. If they don't have the solutions, they will seek an alternative source of help.

To use the TSC, all a patient needs to do is walk into the office and sign in. From there, Miller or Sweetwine will do what they can to help. Whether it is making a payment to TRICARE, changing Primary Care Managers, transferring between regions, or answering questions about enrollment issues, simple claims, authorizations or TRICARE for life, the TSC can most likely handle the situation.

Before TSC opened here, patients had to call Sierra or go to the Rockville office. The goal of opening this branch office is to achieve a seamless integration of health care services throughout the hospital.
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MN010803. Adversity just a bump on information highway for IM team.
By Judith Robertson. Naval Hospital Bremerton

Suppose you are the chief information officer of a large command with geographically separated components. Y2K, with all its menacing possibilities and demanding requirements is looming, and beginning in Oct. 1999, your highly skilled people start bailing out for lucrative civilian sector jobs so that by April 2000, you are down by nine essential staffers, including two department heads. And, by the way, you are also asked to complete a five hundred thousand dollar infrastructure upgrade without shutting down day-to-day operations.

In a scenario that seemed the civilian equivalent of a battlefield, some managers might have gone running and screaming from the room, but instead Candido Trujillo, Ph.D., CIO, and head of the Naval Hospital Bremerton's Management Information Dept., led his tattered team

to success.

Trujillo just returned from New Orleans where he accepted the Health Information and Management Systems Society's award for the top Information Management Team in the Navy for 2000. Sponsored by the Naval Medical Information Management Center, the HIMSS "team" award, which was presented for the first time at the Feb. 4-8 conference, recognized the "cooperative efforts among IM professionals in the field who have worked together to further the accomplishments of Navy Medicine and the Military Health System."

HIMSS guidelines dictated that the winning team produce cost savings, establish goals and objectives, show anticipated and actual outcomes, operate as a cohesive unit, and relate directly to the commands strategic plan. The achievements of the Naval Hospital, Bremerton's team far exceeded those guidelines, Trujillo said.

"To even survive that -- that was the kicker. Each person had multiple hats, multiple jobs, multiple functions," he said.

The team accomplished far more than just survival. Responding to the significant threat of Y2K issues in a hospital setting, the team conducted thorough program reviews and created an inventory of all systems, tools, products, workstations and embedded systems. They set up a Y2K Help Desk, a web page with critical information, organized support teams, and updated all systems and servers resulting in total Y2K compliance.

As the year progressed, the team completed the major network upgrade, installing over 180 miles of new wiring and replacing legacy network equipment. Even short staffed the team took on seemingly insurmountable tasks, providing not only the basic customer service expected, but actually increasing support and technology. During one three week period, 213 computers were installed in seven different locations with zero data loss.

The list continues -- one phenomenal achievement after another. Obviously the judges at HIMSS were impressed with this hard working team. But Trujillo is their biggest cheerleader.

"To do what they did through all of this was a Herculean effort. It required everyone to give more than a hundred percent," he said. "What they did required the same amount of intense collaboration as a team reacting to a disaster. They went well above and beyond the requirements of their jobs. To get here -- to where we are now-- that is what is so phenomenal."

"They were not only doing their jobs, but reaching out long arms to help our command reach its' strategic goals," Trujillo said. "Teamwork is not limited to the boundaries of a department. A successful team is built on the interdependency between all departments, but is dependent on leadership that allows teams to flourish. This is truly a facility team both vertically and horizontally."

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MN010804. Second Annual Nursing Symposium held at NMCSD
By JO1 Sonya Ansarov, Naval Medical Center San Diego

Naval Medical Center San Diego recently hosted their second annual Nursing Symposium, held at the Naval School of Health Sciences auditorium and sponsored by Balboa's Nursing Services Directorate.

Last year's symposium highlighted how patient care continually changes and how these changes affect the future of nursing. This year's

symposium continued and expanded on the same topic. The theme "Clinical Practice in Changing Times" targeted the fields of critical care, pain management, wound therapy, neurology, pediatrics and oncology.

The purpose of the symposium was to update attendees in the latest research-based clinical treatment and prevention recommendations related to patient care and especially nursing care. Other topics discussed included the current trends in the treatment of diabetes and what can be expected in the future, and an update in cancer which gave participates a greater understanding of the screening, prevention, diagnosis, and treatment of cancer.

"The symposium is a great way to keep nurses informed and up-to-date, which translates directly to improved patient care," said LCDR Richard Maffeo, course director. Maffeo added, "The Nurse Corps works hard to maintain currency and to provide professional development opportunities. This annual symposium is just one more way we help our nurses function at the highest professional levels."

Maffeo has already begun contacting speakers for the 2002 symposium.

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MN010805. Your Children's Eyes
From Naval Medical Center Portsmouth Public Affairs

Parents will often want to see the world through their children's eyes -- literally. Not just understand children's perception of the world, but actually know what they see as the light reflected from objects in the physical world passes through their curious eyes.

Parents want to know how their children's vision is working and quickly identify problems. "Newborns' vision is very poor and their ability to focus is very limited," explains LCDR Edgar Levine, staff ophthalmologist at Naval Medical Center Portsmouth. "Farsightedness is common. They can't see things up close. For the first few months of life, they can't clearly see their parents' faces," he points out.

At this stage, brightly colored and highly contrasted toys gain children's interest the most, and some experts believe they help develop vision. Black, white and red are the most stimulating colors.

By three months of age, they should be able to fixate their eyes on an object and follow it as it moves around. "It's not unusual for babies' eyes to occasionally wander. If that pattern of eye movement persists, that should prompt the parents to see a pediatrician," advises Levine.

Fortunately, most childhood ophthalmologic problems are obvious to either the parent or the pediatrician during the well child visits. All infants are screened by their pediatrician for a good "red reflex." This is the red glow often seen in family photographs, and its presence assures the pediatrician that there is no significant opacity in the visual axis, such as a cataract or tumor.

"Cataracts are one of the leading causes of blindness in children, that's why screening for the red reflex is essential in newborns," urged Naval Medical Center Staff Ophthalmologist LCDR Kristen Zeller. "Any cataract 3mm or greater in size is considered visually significant. Early detection, surgery and aggressive visual rehabilitation are necessary to maximize visual potential. The corneal reflex is also used to check for proper eye alignment," she continued.

Once the child is speaking and communicating well, a more

thorough eye exam is recommended. Eye charts designed for children give a better indication of visual function and catch significant problems early, when chances of successful treatment are best. This should be done between 2-3 years of age, instead of waiting for school screenings. If the initial exam is normal, the child should be re-checked a few years later, then as needed.

A common ophthalmologic problem in babies is known as "naso-lacrimal duct obstruction." In about 5% of newborns, a tiny membrane in the nose blocks the normal flow of tears. Mucous discharge and tearing are the usual symptoms. Massaging with a finger or Q-tip as directed by the pediatrician may open the duct, but if it hasn't opened by 12 months of age, surgery will likely be needed. While requiring general anesthesia, the surgery itself is minor and quite successful.

A more serious problem, congenital glaucoma, occurs in about 1 in 12,500 births. Symptoms include tearing, light sensitivity, sometimes a cloudy cornea, poor visual function, and occasionally corneal enlargement in older children reflecting longstanding pressure elevation. Juvenile glaucoma may have an onset later in childhood.

Examination under anesthesia may be necessary to make the diagnosis. Treatment may be surgical, medical (with drops) or both. It is critical that patients with these symptoms see an ophthalmologist expeditiously.

The layman's term "lazy eye" may be applied to strabismus and amblyopia. Strabismus occurs when there is a misalignment of the muscles responsible for eye movements. The misalignment may be present all the time or only with fatigue or illness. Any child suspected of strabismus needs a thorough exam by an ophthalmologist. Treatment with glasses or surgery may be indicated.

"The consequence of ignoring strabismus may be that the brain develops a preference for one eye over the other. This is called amblyopia, and also occurs when one eye is compromised due to a cataract, scar or merely a greater need for glasses in one eye. If it isn't detected in early childhood and treated with patching therapy, irreversible changes can occur in the brain that will forever limit the vision in the affected eye" explains Zeller.

"We are doing a better job detecting and treating problems early. Many of the adults that we see now have suffered damages that could've been prevented if the problem was detected in their childhood," adds Levine.

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MN010806. The importance of a healthy diet and oral hygiene
By CDR Nicholas Mazzeo, National Naval Dental Center

Sugar comes in many different forms, including granulated, cubed, brown, powdered, dissolved, and liquid. Recent studies have dispelled the notion that sugar directly causes the maladies it was once rumored to, such as diabetes and hyperactivity. The one disease process that sugar, or any fermentable carbohydrate, is still correlated with, however, is tooth decay.

Sugar does not directly cause dental decay. Oral bacteria use the dietary sugar to produce acidic by-products that actually cause the destruction of the tooth's enamel. Enamel is the hardest substance in the human body; it is therefore, quite evident that these bacterial

by-products can be very harmful to teeth.

Reducing the amount of dietary sugar intake is one way to help prevent tooth decay. Gummy bears, fruit roll-ups, taffy, licorice, raisins, dried fruit, candy, and sugared chewing gum are not good choices for snacks because they stick to the teeth and contain concentrated sugars.

More nutritious snacks include fresh fruit and vegetables, cheese, popcorn, nuts, and sugarless gum. Carbonated soft drinks should be consumed in moderation since they are very acidic and they are also high in sugar.

Better selections for children's beverages include milk, water, and natural fruit juices. Infants should not be put to sleep with a bottle containing a fermentable carbohydrate (milk or juice) because its prolonged use may cause tooth decay.

Additionally, bottle usage during infant sleeping may increase the risk for ear infections and lead to a medical emergency if the bottle's contents are aspirated. Trying to fully eliminate sugar from the diet is not an easy task; moderation is the key!

Reducing the number of oral bacteria by daily brushing and flossing is another way to decrease the risk of dental decay.

Children often lack the manual dexterity to properly clean their teeth until the age of six. Parents should brush for their young children before bedtime and supervise their older children to ensure that proper oral hygiene is being performed daily.

Toothpaste should not be used for children under the age of 4 because most children cannot spit prior to this age and the toothpaste is ingested unnecessarily.

A soft-bristled toothbrush should be used and it should be replaced every three months. Flossing is a very important part of the oral hygiene regimen because tooth brushing cannot get in between the teeth.

Flossing should be performed nightly, preferably before brushing. Parents should floss their children's teeth because most kids do not develop the manual dexterity to floss until the age of 10.

Well over 50 percent of U.S. children below the age of 17 are totally cavity-free. This is an obtainable goal for your child. Establishing good dietary habits, monitoring oral hygiene by parental supervision, providing fluoride if not locally available, and regular dental visits all help your child develop good oral practices early on to prevent future dental disease.

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MN010807. Navy Nutrition Strategy Team promotes healthy lifestyle

By LT Michael Criqui, MSC, Navy Personnel Command Nutrition Programs Officer

Readiness is the key to the Navy's success, and sound nutrition practices are a vital component of that success. In the past, Navy nutrition education programs and efforts focused primarily on weight reduction strategies for Sailors who are out of standards.

Recognizing that resources could be better used for prevention, key players came together to coordinate efforts to improve readiness. Representatives met from Naval Supply Systems Command (NAVSUP), Military Sealift Command (MSC), Bureau of Medicine and Surgery (BUMED), Navy Personnel Command (NPC), Navy Environmental Health Center (NEHC), and dietitians from several military treatment facilities. The

group, Navy Nutrition Strategy Team (NNST), collectively agreed to concentrate on promoting more healthful food choices and nutrition education at the deckplate.

The team adopted national, scientifically based initiatives for benchmarking Navy nutrition goals. Examples include Healthy People 2010 and the Dietary Guidelines for Americans, 2000.

The U.S. Department of Health and Human Services released the Healthy People 2010 guidelines in January 2000. Government and private organizations worked in concert to develop these national objectives for improving the health of all Americans.

According to American Dietetic Association President Ann Gallagher, these objectives are specific, measurable, attainable, relevant, and timely.

"[The objectives] concentrate on areas with significant payoff potential for the betterment of American health. As a result, they represent the best opportunity today for improving health and nutrition and for serving as a guide and benchmark for health professionals," Gallagher said.

The NNST chose the following key objectives from the Healthy People (HP) 2010.

-- Reduce the proportion of Sailors who are out of body fat standards. (HP 2010 objective 19-2)

-- Increase the proportion of Sailors who consume at least two daily servings of fruit and at least three daily servings of vegetables, with at least one-third being dark green or deep yellow vegetables. (HP 2010 objective 19-5/6)

-- Increase the proportion of Sailors who consume at least six servings of grain products, with at least three being whole grains. (HP 2010 objective 19-7)

-- Increase the proportion of Sailors who consume less than 10% of calories from saturated fat. (HP 19-8)

-- Increase the proportion of Sailors who consume no more than 30% of calories from fat. (HP 19-9)

-- Increase the proportion of Sailors who meet the dietary recommendations for calcium, i.e., 1000mg/day for those 19-50 years of age; 1200mg/day for those 51 and older. (HP objective 19-11)

-- Increase the proportion of commands with 50 or more employees that offer nutrition or weight management programs or counseling at the worksite to 85%. (HP 19-16)

-- Increase the proportion of Sailors of child bearing age who consume an adequate intake of folic acid, i.e. 400 ug/day.

Here are just a few of the nutrition education initiatives available.

Healthy Eating/5 A Day Video. Military members in action choosing fruits and vegetables for better health. Two versions are available -- one is 8:00 minutes, the other is 15:30 minutes. The videos are designed to enhance thenutritional status of all members by encouraging greater consumption of fruits and vegetables. (NEHC 757-462-5585)

35 Day Healthy Navy Menu. Menus are available to download from the NAVSUP website (www.navsup.navy.mil). New and revised recipes from the Armed Forces Recipe Service have been modified for better health and incorporated into these menus. (NAVSUP 717-605-7427)

Folate Pamphlet. "Getting Enough Folate - The Five a Day Way." This pamphlet is designed for military members and their families and describes folate's functions, sources, and requirements, along with the 5 A Day challenge. (NEHC 757-462-5585)

Health Promotion From the Mess Decks. A two-day course offered in fleet concentration areas at least once a year. It is designed for mess management specialists and food service personnel. The goal is to improve health and readiness by empowering personnel to implement innovative strategies. A Training Team (Dietitian, Health Promotion Coordinator, & Food Management Team Officer) has been established at 7 sites worldwide to multiply the training efforts. (NAVSUP 717-605-7427 OR NEHC 757-253-5585)

Nutrition Resource Packet. Tri-service nutrition resource packet are designed to be used by health promotion personnel, command fitness professionals, leading mess specialists, dietitians, and anyone interested in promoting healthy eating. Packet includes reproducible handouts, articles for publication at the command level, and numerous resources. The goal is to provide easily accessible nutrition information for command use.
(PERS-601C 901-874-4268)

ShipShape Weight Management Program. A BUMED-Approved 10-week weight management program facilitated by Health Promotion Departments at the local Medical Treatment Facilities (MTFs). The program is designed for Sailors who have failed or are borderline for failure of the PRT due to being out of standard for body fat percent. (NEHC 757-462-5571)
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